

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



October 21, 1997

ALL COUNTY INFORMATION NOTICE I-66-97

TO: ALL COUNTY WELFARE DIRECTORS

**REASON FOR THIS TRANSMITTAL**

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☒ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

**SUBJECT:** NOTICE OF ACTION (NOA) MESSAGES FOR MAXIMUM FAMILY GRANT (MFG) AND MINOR PARENT REQUIREMENTS FOR THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM

**REFERENCE:** ACLs 96-37, 97-29, 96-65 AND ACIN I-24-97

The purpose of this letter is to transmit the attached NOA messages developed as a result of the Maximum Family Grant (MFG) provisions which were effective September 1, 1997, and the Minor Parent provisions which were effective March 1, 1997. Subsequent to the release of the above ACLs and ACIN, the need for an additional NOA messages was identified. See Attachment I for information about usage and updating the NOA handbook.

If you have any questions, please contact the following staff:

**NOAs:** Donna Morgan - CalWORKs Policy Implementation Bureau  
(916) 654-5709/CALNET 464-5709.

**Translations:** Language Services Bureau (916) 654-1282/CALNET 464-1282.

Sincerely,

DEL SAYLES, Chief  
CalWORKs Program Branch

Attachments

## ATTACHMENT I

NOA#	Action	Type	Revision	Other
M44-305	Other	Change of Payee Minor Parent	New	Use to change payee in Minor Parent cases
M44-314	Approval	Aid Payments Maximum Family Grant	Revised	Approve case when MFG rules apply
M44-314A	Other	Aid Payments Maximum Family Grant	Revised- Instructions Only	Add a child to case but not change cash aid when MFG rules apply
M44-314C	Change	Due to MBSAC Increase - Maximum Family Grant	New	Change in aid due to MBSAC increase when MFG rules apply

### TRANSLATIONS

Translations of the NOA messages in Cambodian, Chinese, Vietnamese, and Spanish will be mailed to the county contact person as soon as it has been translated. If counties do not receive the translation, they may call Language Services Bureau (LSB) at (916) 654-1282 or CALNET at 464-1282. To order more than one NOA, counties may FAX their request to LSB at (916) 657-3429 or CALNET 473-3429.

### FOR HOLDERS OF THE CalWORKs NOA HANDBOOK

M44-305 (9/97) Insert in NOA handbook.

M44-314 (9/97) Replaces prior version dated 4/1/97.

M44-314A (9/97) Replaces prior version dated 4/1/97.

M44-314C (9/97) Insert in NOA handbook.

State of California  
Department of Social Services

Auto ID No. :  
Source :  
Issued by :  
Reg. Cite : 44-305.1; 89-201.4

Msg Doc No.: M44-305  
Action : Other  
Issue: Change of Payee  
Title: Change of Payee  
Use Form No.: NA 290  
Original Date: 09/1/97, new  
Revision Date:

**MESSAGE:**

As of \_\_\_\_\_, the County is  
changing the payee for cash aid from \_\_\_\_\_ to  
\_\_\_\_\_.

**Here's why:**

The county must pay the cash aid for minor parents  
to the parent, legal guardian, or other adult relative living  
with them whenever possible.

- ( ) The parent, legal guardian, or other adult  
relative living with you agreed to be the  
payee for your assistance unit.
- ( ) The county has determined that the above  
payee is in the best interest of your  
assistance unit.
- ( ) You have turned 18 and are eligible to be  
payee for your assistance unit.

**INSTRUCTIONS:** Used to change payee in Minor Parent  
cases.

State of California  
Department of Social Services

Auto ID No. :  
Source :  
Issued by :  
Reg. Cite : 44-171.2, 44-314, 44-315, 44-317

Msg Doc No.: M44-314  
Action : Approval  
Issue: Aid Payments  
Title: Maximum Family Grant  
Use Form No.: NA 200  
Original Date: 04/01/97  
Revision Date: 09/01/97

**MESSAGE:**

As of \_\_\_\_\_, the County has approved your cash aid and Medi-Cal. Your first day of cash aid is \_\_\_\_\_. Your first month's cash aid amount is \$\_\_\_\_\_.

Your cash aid payment does not include \_\_\_\_\_.

Here's why:

Your child was born into a family that got cash aid for 10 months in a row right before his/her birth.

The rules say that your child must meet one of the following exemptions to be eligible to get a cash aid payment.

- The child is not living with either parent.
- The child was conceived while either parent was an unaided caretaker relative
- The child was conceived as a result of:
  - rape
  - incest
  - birth control failure.

Your child does not meet an exemption.

- ( ) The cash aid payment for your first month of aid is only for a part of a month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes, next month's cash aid will be for a full month.
- ( ) You asked for an Immediate Need payment. Your immediate need is being met with a payment of your first month's cash aid within the immediate need time limit of one working day.

Your cash aid is figured on this page.

**INSTRUCTIONS:** Use to approve a case when Maximum Family Grant rules apply. Check the applicable box(es).

This message replaces M44-314 dated 4/1/97.

State of California  
Department of Social Services

Auto ID No. :  
Source :  
Issued by :  
Reg. Cite : 44-314

Msg Doc No.: M44-314A  
Action : Other  
Issue: Aid Payments  
Title: Maximum Family Grant  
Use Form No.: NA 290  
Original Date: 04/01/97  
Revision Date: 09/01/97

**MESSAGE:**

As of \_\_\_\_\_, the County has received your request to add \_\_\_\_\_ to your assistance unit. Your cash aid will not go up, but your child is eligible for Medi-Cal.

**Here's why:**

Your child was born into a family that got cash aid for 10 months in a row right before his/her birth.

The rules say that your child must meet one of the following exemptions to be eligible to get a cash aid payment.

- The child is not living with either parent.
- The child was conceived while either parent was an unaided caretaker relative
- The child was conceived as a result of:
  - rape
  - incest
  - birth control failure.

Your child does not meet an exemption.

**INSTRUCTIONS:** Use when a child is added to the case, but the cash aid does not change since Maximum Family Grant rules apply. Child is still eligible for Medi-Cal.

This message replaces M44-314A dated 4/1/97.

State of California  
Department of Social Services

Auto ID No. :  
Source :  
Issued by :  
Reg. Cite : 44-314.2, 44-314.61, 44-315

Msg Doc No.: M44-314C  
Action : Change  
Issue: Due to MBSAC Increase  
Title: Maximum Family Grant  
Use Form No.: NA 200  
Original Date: 09/1/97, new  
Revision Date:

**MESSAGE:**

As of \_\_\_\_\_, the County is changing your cash aid from \$\_\_\_\_\_ to \_\_\_\_\_.

**Here's why:**

State law changed the way we figure your cash aid. Only the needs standard increases in cases where a child is born into a family receiving aid for 10 months in a row right before his/her birth.

The rules say that your child must meet one of the following exemptions to be eligible to get a cash aid payment.

- The child is not living with either parent.
- The child was conceived while either parent was an unaided caretaker relative
- The child was conceived as a result of:
  - rape
  - incest
  - birth control failure.

Your child does not meet an exemption.

Your new cash aid amount is figured on this page.

**INSTRUCTIONS:** Use to change the amount of aid due to MBSAC increase for cases when Maximum Family Grant rules apply.